



The use of this form is required under the provisions of the South Carolina Workers' Compensation Law.

**NOTICE
OF
THIRD PARTY ACTION
EMPLOYER CARRIER**

In the Workers' Compensation Claim of

_____, Employee

_____, Claimant(s)

VS.

_____, Employer

_____, Carrier

TO THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION and the above-named employee or claimant(s) and

_____ (any other person entitled to sue):

PLEASE TAKE NOTICE that an action has been commenced against _____

as defendant(s) in the Court of _____

County of _____ and State of _____

under date of _____, _____.

DATED: _____

Workers' Compensation Carrier or
Self-Insurer Employer

Attorney for Carrier or Self-Insurer

Employer

A copy of this form must be served upon the South Carolina Workers' Compensation Commission, the injured employee or his surviving Workers' Compensation beneficiary and any other person entitled to sue the third party by personal service, registered or certified mail within ninety (90) days after statutory assignment that the right of action has passed to the carrier or self-insurer employer; and attached hereto is Form No. S-3, Entitlement to Right of Action.